

APPENDIX 20

Penn State Defendants' Documents in Support of
Motion for Summary Judgment/Statement of Facts

APPENDIX 20

(Unprint Patient's Plate Here)

REDACTED
HINDER, DESIREE
C. ED

R000449399

REDACTED 22Y
ASSISTANT UNIVERSITY H.
10/05/07 SP ER

REDACTED

REPORTED SEXUAL ASSAULT
RAPE INTERVIEW DOCUMENTATION

Page 1 of 11

Mount Nittany Medical Center
State College, PA 16803-6797

Signature	Initials	Signature	Initials
<i>[Signature]</i>	<i>[Initials]</i>		

CIRCUMSTANCES OF THE ASSAULT/VICTIMS DESCRIPTION	
*Date/time assault (military time): <u>0300</u>	Investigating Jurisdiction: <u>Penn State</u>
*Date/time of examination: <u>10/5/07</u>	
Provided by: <input checked="" type="checkbox"/> Victim <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Other	
<input type="checkbox"/> Assailant status unknown	
<input type="checkbox"/> Details unknown due to: _____	
*Was the place where the assault occurred the: <input type="checkbox"/> victim's <input type="checkbox"/> assailants <input type="checkbox"/> other:	
*Place(s) of assault: <input type="checkbox"/> inside <input type="checkbox"/> office <input checked="" type="checkbox"/> home <input type="checkbox"/> workplace <input type="checkbox"/> outside <input type="checkbox"/> vehicle <input type="checkbox"/> other	
*Was victim's clothing removed during assault: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <u>pants underwear</u>	
Did the victim lose consciousness? <input type="checkbox"/> no <input checked="" type="checkbox"/> yes (explain) <u>pt sleeping and was awakened by assailant</u>	
Medication taken by victim prior to the assault: <u>Rabituussin</u>	
Alcohol use prior to assault by victim: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	By assailant? <input type="checkbox"/> yes <input type="checkbox"/> no <u>unknown</u>
*Last menstrual period: <u>9/15/07</u>	<input type="checkbox"/> Result BHCG <input type="checkbox"/> Urine <input type="checkbox"/> Serum
ASSAILANT INFORMATION	
*Assailant #1 Gender of Assailant: <input checked="" type="checkbox"/> male <input type="checkbox"/> female	*approximate age: <u>205</u>
*Assailant #2 Gender of Assailant: <input type="checkbox"/> male <input type="checkbox"/> female	*approximate age: _____
*Assailant #3 Gender of Assailant: <input type="checkbox"/> male <input type="checkbox"/> female	*approximate age: _____
*Race of assailant(s): <input checked="" type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic Black <input type="checkbox"/> Hispanic White	<input type="checkbox"/> Native American <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown
*Race of Victim: <input type="checkbox"/> African American <input type="checkbox"/> Asian <input checked="" type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic Black <input type="checkbox"/> Hispanic White	<input type="checkbox"/> Native American <input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown
*Assailant's Hair color: <u>black</u>	*Victim's hair color: <u>blond</u>

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ED-015

*Pennsylvania State Police Information

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REPORTED SEXUAL ASSAULT
RAPE INTERVIEW DOCUMENTATION

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Mount Nittany Medical Center
 State College, PA 16803-6797

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22Y
NO DOCTOR, ASSAULT
10/05/07 SPUNIVERSITY H
ER

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ASSAILANT INFORMATION

Assailant's clothing (description): jeans, black jeans t-shirt

*Injuries to assailant: ☒ No ☐ Yes (explain) mechanism
 bleeding bruises/wounds

Assailant relationship to victim: ☐ stranger ☐ partner ☐ dating partner ☒ acquaintance ☐ spouse ☐ unknown
☐ Other:

Assailant student status: ☒ PSU student ☐ staff ☐ faculty ☐ N/A ☐ Unknown ☐ Other:
 Was domestic or relationship violence a part of the assault? ☐ yes ☐ no

Coercion used:

	yes	no	If yes, please explain:
fist	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
weapon	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
hitting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
kicking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
grabbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
pushing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
gagging	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
punching	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
blind fold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
strangulation (choking)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
tied up	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
verbal (provide quotes if possible)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
other (explain):			

*Since the assault has the victim:

	yes	no		yes	no
consumed alcohol	<input type="checkbox"/>	<input checked="" type="checkbox"/>	changed clothes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
had something to drink	<input checked="" type="checkbox"/>	<input type="checkbox"/>	washed clothes	<input checked="" type="checkbox"/>	<input type="checkbox"/>
had something to eat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	vomited	<input type="checkbox"/>	<input checked="" type="checkbox"/>
used tobacco	<input type="checkbox"/>	<input checked="" type="checkbox"/>	defecated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
bathed/showered	<input type="checkbox"/>	<input checked="" type="checkbox"/>	urinated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
brushed or flossed teeth	<input type="checkbox"/>	<input checked="" type="checkbox"/>	used towel, tissue, etc. to wipe/clean genital area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
used mouthwash	<input type="checkbox"/>	<input checked="" type="checkbox"/>	used towel, tissue, etc. to wipe off any fluid	<input checked="" type="checkbox"/>	<input type="checkbox"/>
washed hair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	used/ discarded any tampons or menstrual pads	<input type="checkbox"/>	<input checked="" type="checkbox"/>
douched	<input type="checkbox"/>	<input checked="" type="checkbox"/>	used contraceptives	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			medications(s)- list		

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KINDER, DESIREE
C. EDREDACTED 22Y
EDUCATOR, ASSISTANT
10/05/07 SPUNIVERSITY H
ER

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REPORTED SEXUAL
RAPE INTERVIEW DOCUMENTATION

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Mount Nittany Medical Center
State College, PA 16803-6797

*Vaginal penetration with:	yes	no	attempt	unknown	N/A
penis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
finger of assailant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
foreign object	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tongue	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Anal penetration with:	yes	no	attempt	unknown	N/A
penis finger of assailant	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
foreign object	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
tongue	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Oral/Genital Contact:	yes	no			
victim's mouth to assailant's genitals	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
penetration of victim's mouth with assailant's genitals	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
assailant's mouth to victim's genitals	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
penetration of assailant's mouth by victim's genitals	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
assailant's mouth/tongue to victim's anus	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
victim's mouth/tongue to assailant's anus	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Masturbation	yes	no			
of victim by assailant	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
of assailant victim	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
other:	<input type="checkbox"/>	<input type="checkbox"/>			
Did assailant use:	yes	no			
lubricant	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Was a condom used?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, what was done with the condom?		
*Did the assailant ejaculate?	yes	no	unsure		
vaginal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
oral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
rectal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
skin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
*Any consensual sexual contact in the last 96 hours? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no					
If yes for consensual sexual contact in the last 96 hours: <input type="checkbox"/> yes <input type="checkbox"/> no					
was a condom used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	
was it with the assailant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
was it consensual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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REPORTED SEXUAL ASSAULT
RAPE INTERVIEW DOCUMENTATION

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Mount Nittany Medical Center
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0/3/07 0515 Pt states assailant is known to her Pt was met by assailant by the Saloon. Went to his apartment at Nittany Apartment Pt states she talked to Austin Scott (assailant) for about 30 min after arriving at 02:00 then she states they went to bed in his bed together Pt states she went directly to sleep Pt states the next thing she remembers is the assailant on top Pt states her jeans were off Pt states she told him "no, please stop" Pt states he hit her right side and upper arms. Scratches noted to (L) upper arm Pt states her shirt was pulled down and he kissed her mouth and down her neck Pt states he grabbed her breasts Pt states he ripped off her underwear and had sex with her Pt states at one point he stopped and put a towel down on the bed Pt unable to remember if he wore a condom Pt states he fell asleep after sex and she snuck out Pt states she was crying as she left and his phone rang and he woke to answer it she received a text from him at 0410 asking if she was okay. (R U OK?)



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REPORTED SEXUAL ASSAULT
RAPE INTERVIEW DOCUMENTATION

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Overall Appearance: ☐ Disheveled ☐ Stained/Torn Clothing ☐ Other Specify: _____

Neurologic/Coordination:

Level of Consciousness: ☐ Alert ☐ Somnolent but arousable ☐ Unconscious ☐ PERLA

Oriented x 4 ☐ Yes ☐ No

Cognition: ☐ No defects noted ☐ Distracted ☐ Slow ☐ Confused ☐ Other: _____

Gait: ☐ Normal ☐ Abnormal

Finger to nose: ☐ Normal ☐ Abnormal

Affect/Mood: ☐ Flattened ☐ Tearful ☐ Agitated ☐ Angry ☐ Withdrawn ☐ Other: _____

Suicidal Ideations: ☐ Yes ☒ No

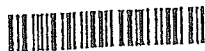
Tanner Breast: ☐ I ☐ II ☐ III ☐ IV ☐ V

Tanner Genitalia: ☐ I ☐ II ☐ III ☐ IV ☐ V

NON-GENITALIA ASSESSMENT

	Atraumatic/ Negative	Swelling	Bruise	Erythema	Abrasion	Cut/ Laceration	Woods Lamp	ROM	Other (describe)
Head	✓								
Eyes	✓								
Ears	✓								
Nose	✓								
Mouth	✓								
Neck									reddened area
Upper Extremities									(R) shoulder reddened area
Chest		✓							reddened area
Breast	✓								
Nipples	✓								
Abdomen	✓						✓ - neg		
Lower Extremities			✓						(R) thigh
Back			✓						multiple reddened
Buttocks	✓								

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RAPE INTERVIEW DOCUMENTATION

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Mount Nittany Medical Center
State College, PA 16803-6797

GENERAL ASSIGNMENT

	Atraumatic/ Negative	Swelling	Bruise	Erythema	Abraslon	Cut/ Laceration	Woods Lamp	ROM	Other (describe)
Mons Pubis	✓						✓		
Labia Majora				✓			✓		
Labia Minora				✓			✓		
Hymen	✓						✓		
Posterior Fourchette					✓		✓		
Fossa Navicularis					✓		✓		
Vaginal wall - left					✓		✓		several small abrasions noted
Vaginal wall - right					✓		✓		several small abrasions noted
Cervix		✓					✓		reddened + secretions noted
Perineum		✓					✓		
Anus	✓						✓		
Rectum	✓						✓		

THE UNIVERSITY OF CHICAGO PRESS

woods lamp negative

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6 MINDER, DESIREE
C. ED

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NO OCT 1961 14551 UNIVERSITY H
10/05/07 SP ER

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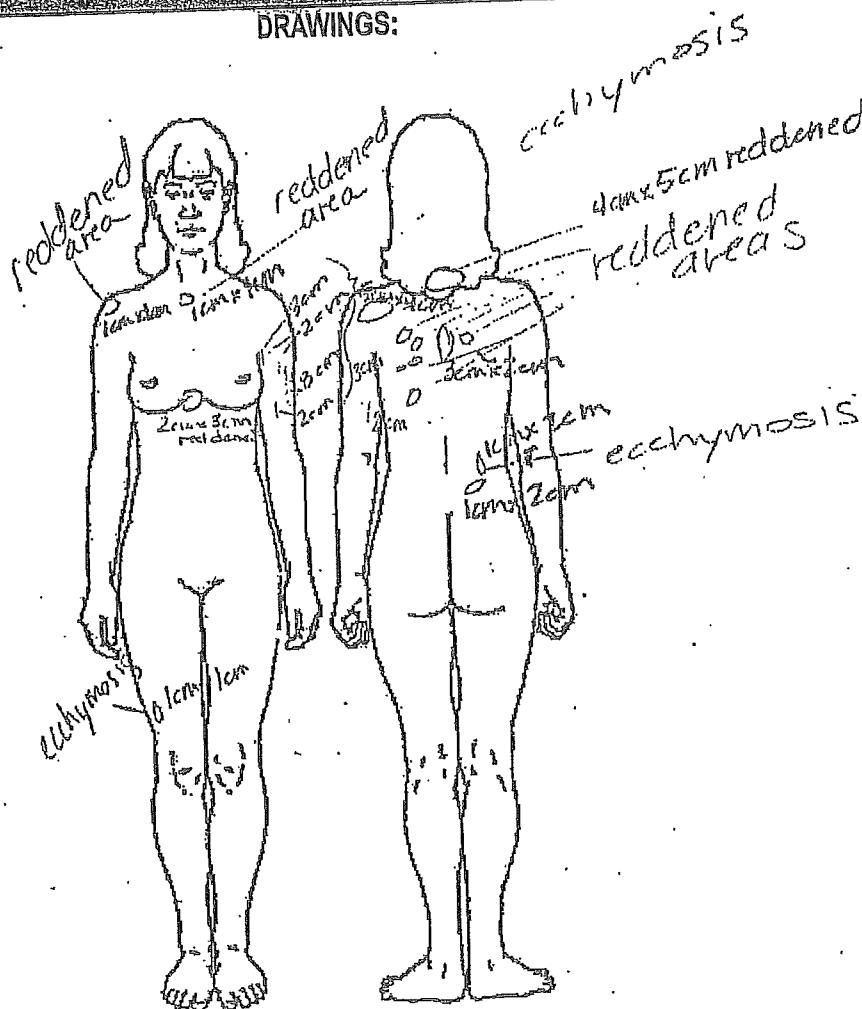
REPORTED SEXUAL ASSAULT
RAPE INTERVIEW DOCUMENTATION

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Mount Nittany Medical Center
State College, PA 16803-6797

BODYMAP DOCUMENTATION

DRAWINGS:



Signature of SAFE:

Printed Name of SAFE:

Date: 10/5/07

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Initial

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REPORTED SEXUAL ASSAULT
RAPE INTERVIEW DOCUMENTATION

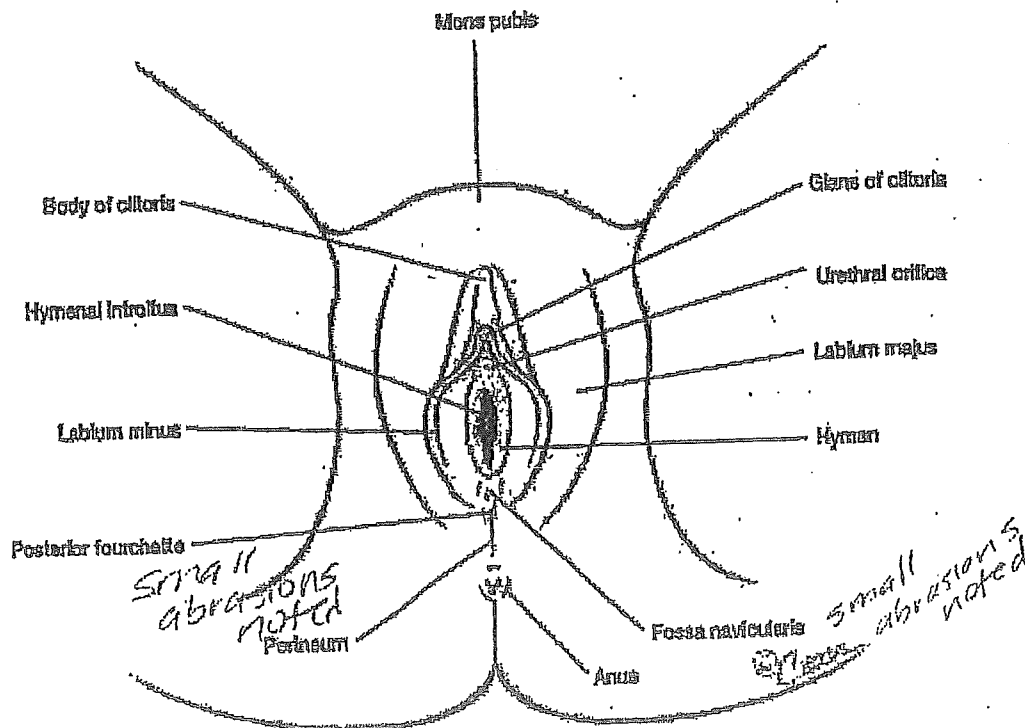
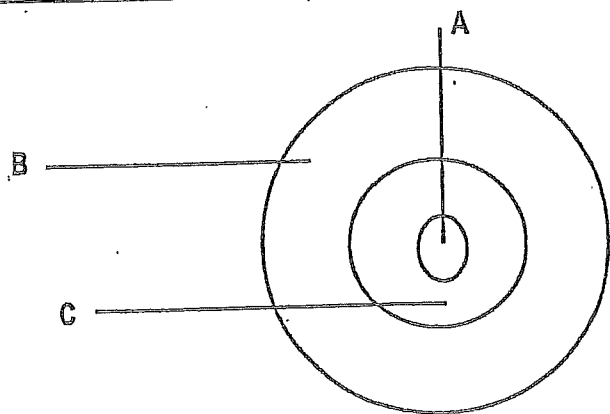
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NOTE FINDING

LEGEND:

- A. Cervical OS
- B. Vagina
- C. Cervix



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DOCUMENTATION OF EVIDENCE COLLECTION AND DISTRIBUTION OF EVIDENCE

Mount Nittany Medical Center

State College, PA 16803-6797

EVIDENCE COLLECTION AND DISTRIBUTION:**Clothing Collection:**

- ☐ No clothing from victim collected (specify why not): _____
- ☒ Clothing from victim collected (specify items below. Kit Step #3): _____

- ☒ Underpants collected, sealed and placed in rape kit.
- ☒ Shirt/Blouse
- ☒ Pants/Slacks
- ☐ Bra
- ☐ Skirt
- ☐ Dress
- ☐ Jacket/Coat
- ☐ Other
- ☐ Other

☒ Items checked were collected, bagged, sealed and secured with chain of custody

- ☐ Above clothing items were given to law enforcement officer
- ☐ Above clothing items were secured in safe

Rape Kit Collection:

- ☐ Rape kit not used
- ☒ Rape kit used and following evidence/samples collected, documented and enclosed in kit (check all that apply):
- ☒ Serum sample - yellow top tube
 - ☒ Serum sample - purple top tube
 - ☐ Paper sheet victim undress over (Kit Step #3)
 - ☐ Solid debris (Kit Step #4)
 - Specify collection site/substance: _____

- ☐ Pubic hair combings (Kit Step #5)
- ☐ victim declined
- ☐ Pull pubic hair (Kit Step #6)
- ☐ victim declined
- ☒ Vaginal swabs and smears (Kit Step #7)
- ☐ Rectal swabs and smears (Kit Step #8)
- ☐ victim declined
- ☐ Other swab(s): Specify sites: _____
- ☐ See diagram
- ☐ Other, evidence collected (specify): _____

☐ See diagram

- ☒ Dried Secretions (Kit Step #4)
- Specify collection site/substance: throat

☐ See diagram

- ☐ Fingernail scrapings (Kit Step #4)
- ☒ Oral swabs and smear (Kit Step #9)
- ☒ Known saliva sample (Kit Step #11)
- ☐ Pulled head hairs (Kit Step #10)
- ☒ Victim declined

- ☐ Copy of consent form
- ☒ Copy of victim interview questionnaire
- ☒ Copy of exam findings documentation
- ☒ Rape Kit completed, sealed and security maintained with chain of custody
- ☒ Sealed Rape Kit secured in safe

SAFE Signature

Date

PSU000257

White - Chart

Yellow - Police

Pink - Remains with Evidence



ED-019

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AN YDER, DESIREE

C. 20

REDACTED 22Y

10/05/37

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PHOTOGRAPHY DOCUMENTATION

PHOTOGRAPHS

☐ No photographs taken If not why:

Photographs taken: Complete Itemized listing below as appropriate:

* HH = photos taken with hand held digital camera

*Colpo = photos taken with Colposcope

[illegible]

☐ 35 mm film given to law enforcement officer

☐ 35 mm film secured in safe

CD of digital photographs given to law enforcement

☐ CD of digital photographs secured in safe

Other: HIM

Janet R. Miller
Signature of Photographer

10/5/07
(Date)

PSU000258



ED-018

White - Chart

Yellow - Law enforcement

Pink - Remains with Evidence

863-1111

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 (Insert Patient's Photo Here)
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 NINDOR, DESIREE
 REDACTED
 NO DOCTOR, 1351 UNIVERSITY H.
 10/05/07 SP ER
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 REPORTED SEXUAL ASSAULT
 RAPE INTERVIEW DOCUMENTATION

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 Mount Nittany Medical Center
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On 10/5/07 at 0836 the following items, which were given to

Detective
Stephanie Brooks of the Penn State
 Police Officer Police Department

Write yes or no for all items: (if no, explain)

(Sex Crime Kit)

Photographs: yes CD 35 mm film

Clothing (list): yes Shirt/Blouse
yes Pants/Slacks
no Bra (pt did not wear)
yes Underpants
n/a Jacket/Coat

yes Floor Drape
n/a Drug Facilitated Sexual Assault kit
 Other _____

yes Blood specimens - 2 tubes
yes Vaginal Swab/Slides
yes Vaginal Swabs for DNA
n/a Rectal Swabs/Slides
yes Dried Secretions
n/a Debris
n/a Pubic Hair Combing
n/a Pubic Hair Pulled
yes Oral Swabs
n/a Head Hair Pulled (refused)
n/a Fingernail Scrapings
yes Saliva
yes Other _____

Stephanie Brooks 10/5/07 0836
 Signature of Police Date/Time

Quatre M. DeRan 10/5/07
 Signature of SAFE Employee Date/Time

For informational purposes: Other chain of custody forms initiated: Write yes or no for all items: (if no, explain)

yes Photograph CD to HIM
 Other _____

Quatre M. DeRan 10/5/07
 Signature SAFE Personnel Date/Time

PSU000259

no
 Initials



MOUNT NITTANY MEDICAL CENTER

PO BOX 1259

STATE COLLEGE, PA 16804-1259

COPY

ACCOUNT NUMBER

REDACTED

ADMIT DATE/TIME
10/05/07 0456

DISCHARGE DATE

SOCIAL SECURITY #

REDACTED

ROOM/BED TYPE
ERSERVICE/LOC
C.ED

UNIT # M000449399

NAME MINDER, DESIREE

ADDRESS

REDACTED

PHONE

REDACTED

EMPLOYER STUDENT

DATE OF BIRTH AGE SEX MAR STAT RELIGION RACE
REDACTED 22 F S CAPERSON TO NOTIFY/ADDRESS
MINDER, LAUREENRELATIONSHIP
MOTHER

REDACTED

HOME PH REDACTED WK PH

GUARANTOR/ADDRESS

NAME UNIVERSITY, HEALTH SERVICES
ADDRESS ATTN: DONNA DECKER 215 RITEN
UNIVERSITY PARK, PA 16802

PHONE (484) 221-1886

RELAT SELF / SAME AS PATIENT

EMPLOYER STUDENT

NEXT OF KIN/ADDRESS
MINDER, LAUREENRELATIONSHIP
MOTHER

REDACTED

HOME PH

WK PH

FINANCIAL CLASS SELF-PAY

INSURANCE NAME

POLICY NUMBER

GROUP NO.

SUBSCRIBER NAME

REL

SELF PAY INSURANCE

X

SP

REASON FOR VISIT
SEXUAL ASSAULT

ADMITTING PHYSICIAN

ATTENDING PHYSICIAN
Mishock, Kevin, D.O.ER PHYSICIAN
Mishock, Kevin, D.O.ARRIVAL MODE
PCFAMILY PHYSICIAN
University Health Services

OTHER PHYSICIAN

USER
ROBIJO

Does the patient have an advanced medical directive?

Do you want your admission published in the newspaper?

ADDITIONAL COMMENTS/NOTES

PT WAS TAKEN DIRECTLY BACK....SNE TAUTH FORM BACK WITH CHART TO BE
COMPLETED....JAR

PSU000260

NOTE: This report is strictly Confidential and is for the information only of the person to whom it is addressed. No responsibility can be assumed if it is made available to any other

MOUNT NITTANY MEDICAL CENTER
State College, Pennsylvania

Unit Number: M000449399
Patient Name: MINDER, DESIREE
Date of Birth: REDACTED
Age: 22
Service Date: 10/05/07

Acct ID: REDACTED
Fam Phy: University Health Services
Pri Phy: University Health Services
Loc: C.ED
ED Phy: Mishock, Kevin, D.O.



CC: Mishock, Kevin, D.O.
Referring Physician
University Health Services

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History of Present Illness

Chief Complaint S. ASSAULT
Stated Complaint SEXUAL ASSAULT

This is a 22-year-old white female who presents to the ED for evaluation of alleged sexual assault. The patient reports that she met up with a friend and went to his residence. She reports that she must have fallen asleep at that location. She states that when she awoke, her friend was on top of her having sex with her. She states that she tried to get up but he hit her in the right side of her back. She then let the sex act continue. She states that after this occurred he fell asleep. She then got up and was leaving. At that time his phone rang and he woke up. She told him that she was leaving and left the residence. After she left, she called a girlfriend. She met up with her and the police were contacted and she was referred to the ER for evaluation. The patient complains of feeling some discomfort in her vaginal and pelvic area. She has no other complaints at this time. Please refer to the sexual assault nurse notes/exam for more detailed information about this patient's visit.

Review of Systems

As above otherwise negative for least 10 systems

Past Med Family Social History

Past Medical History

None

Social History

Drinks on occasion. Penn State student.

Allergies

Coded Allergies:

No Known Allergies (Verified Allergy, Mild, 9/6/07)

Home Med and Scripts

Phenergan (Promethazine HCl) 25 Mg PO Q6HR PRN

Combivir (Lamivudine/Zidovudine) 1 Tab PO BID

PSU000261

Combivir (Lamivudine/Zidovudine) 1 Tab PO BID
 Sustiva (Efavirenz) 600 Mg PO HS
 Sustiva (Efavirenz) 600 Mg PO HS
 Nuvaring (Ethinyl Estradiol) 1 Ea VAGRING MONTHLY

COPY

Physical Examination

Vital Signs

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FI02
10/5/07 04:52	36.7	112	22	125/77	98	Room Air	0	

Pain Rating on Scale of 1-10 4

VITAL SIGNS: Reviewed / noted above.

GENERAL: This is a 22 year old white female in no acute distress and non-toxic in appearance.

SKIN: Warm, dry, and Pink.

HEAD: Normocephalic atraumatic.

EYES: without scleral icterus or trauma.

OROPHARYNX: clear and moist.

TYMPANIC MEMBRANES: clear.

NECK: Is supple without lymphadenopathy or meningismus.

LUNGS: Clear.

HEART: Regular rate and rhythm.

ABDOMEN: Soft and nontender. No organomegaly or pulsatile mass. No rebound or guarding.

Normal bowel sounds.

EXTREMITIES: Warm and well perfused.

BACK: No CVA tenderness. No obvious trauma to the back area where she was hit.

NEUROLOGICALLY: Intact without focal deficits.

PSYCHIATRIC: anxious/upset affect.

MUSCULOSKELETAL: Normally developed with good muscle tone. No evidence of trauma.

PELVIC: Please see the sexual assault nurse notes for this evaluation. It was not performed by myself.

ALL NURSING DOCUMENTATION REVIEWED.

Procedures

Meds Administered

Azithromycin (Zithromax Tab) 1000 mg STK-MED ONCE PO; Start 10/5/07 at 07:12; Stop 10/5/07 at 07:13; Status DC

Promethazine HCl (Phenergan Tab) 25 mg STK-MED ONCE PO; Start 10/5/07 at 07:12; Stop 10/5/07 at 07:13; Status DC

Levonorgestrel (Plan B) 0.75 mg STK-MED ONCE PO; Start 10/5/07 at 07:13; Stop 10/5/07 at 07:14; Status DC

Promethazine HCl (Phenergan Tab) 25 mg STK-MED ONCE PO; Start 10/5/07 at 07:16; Stop 10/5/07 at 07:17; Status DC

Ceftriaxone Sodium 250 mg/ Syringe 0mls @ 0 mls/min DAILY IM; Start 10/5/07 at 07:30; Stop 10/5/07 at 09:00

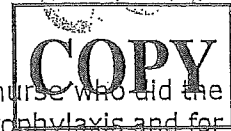
Lamivudine/ Zidovudine (Combivir Tab) 1 tab 0730 PO; Start 10/5/07 at 07:30; Stop 10/5/07 at 09:00

Efavirenz (Sustiva) 600 mg 0730 PO; Start 10/5/07 at 07:30; Stop 10/5/07 at 09:00

PSU000262

Medical Decision Making

Course



The majority of the time the patient spent in the ED was with the sexual assault nurse who did the majority of the evaluation. I briefly saw the patient to assess the need for HIV prophylaxis and for STD/pregnancy prophylaxis. The patient did request of prophylaxis including HIV. She was warned of a harsh side effects of this prophylaxis and she felt that she wanted to continue with prophylaxis. The patient was given prophylaxis for STDs, pregnancy and HIV. She was also given a 3-day course of Sustiva and Combivir for HIV prophylaxis. In addition she was given a 27 day course of each of these. She was also given a prescription for Phenergan for nausea. She is to follow-up with University Health Services on Monday for further evaluation and care. She is going to follow up with police after her exam here.

Med Decision

The patient reports alleged sexual assault. The patient does not have any findings to suggest any acute head, neck, chest, back, abdominal or extremity trauma. Please see the nurse's sexual assault exam for any evidence of sexual trauma.

Impression

alleged sexual assault

DISPOSITION: Discharge home. Follow-up with University Health Services for recheck/further evaluation in 3 days. Prescriptions were given for HIV prophylaxis including Combivir, Sustiva and Phenergan.

Departure

Patient Instructions A Signature Page
Referrals University Health Services

<Electronically signed by Kevin Mishock D.O.>

Signed: 10/05/07 0749

The status of this report is Signed

Draft = Not yet finalized by the Emergency Department Physician

ISigned = Signed by the Physician Assistant, not yet co-signed by Physician

Signed = Reviewed and approved by the Emergency Department Physician

MNE: ERTTEMPLATE
P:

PSU000263

RUN DATE: 10/05/07		Mount Nittany Medical Center EMR.		PAGE 1
RUN TIME: 1227		Specimen Inquiry		
PATIENT: MINDER, DESIREE		ACCT #	LOC: C.ED	<div style="border: 1px solid black; padding: 5px; text-align: center;"> COPY NUM: 1000749399 REC: 10/05/07 DIS: SSN </div>
REG DR: Mishock, Kevin, D.O.		AGE/SX: 22/F	ROOM:	
		DOB:	BED:	
		STATUS: DEP ER	TLOC:	
SPEC #: 1005:SC00007U		COLL: 10/05/07-0730	STATUS: RES	REQ #: 02547485
REF#		RECD: 10/05/07-0738	SUBM DR: Mishock, Kevin, D.O.	
ENTERED: 10/05/07-0715		OTHR DR: University Health Services		
ORDERED: HIV				
COMMENTS: Comments to Phlebotomist ROOM 11				
Test	Result	Flag	Reference	
HIV				
HIV	PENDING			

** END OF REPORT **

PSU000264



Emergency Dept: 814-234-6110

10/05/07
REDACTED
MINDER, DESIREE
C.ED
Mishock, Kevin,
D.O.

Patient Visit Information

Staff

Your caregivers today were:

Physician Mishock, Kevin, D.O.
Nurse JRC

Patient Instructions Reviewed

A Signature Page

received 10/05/07 - 0733

Activity Restrictions or Additional Instructions

Follow-up with University Health Services this Monday for further evaluation and care.

Take Combivir twice a day as prescribed and Sustiva 600 mg before bed time as prescribed. You had been given a prescription for the first 3 days of the medication. You also been given a second prescription for the remainder of the days and the medication should be used for a total of 30 days. You have also been prescribed Phenergan for nausea. These medications can cause yet to fill very ill. You must weigh the possible risks of HIV versus the side effects of the medication and the side whether or not you wish to continue them if the side effects are severe.

Phenergan for nausea, this may cause drowsiness therefore no driving within 4 to 6 hours of use.

Medication Dose and Instructions

Lamivudine/Zidovudine 1 TAB, BY MOUTH TWICE DAILY, #6
Lamivudine/Zidovudine 1 TAB, BY MOUTH TWICE DAILY, #54
Promethazine 25 MG, BY MOUTH EVERY SIX HOURS AS NEEDED, #30
Efavirenz 600 MG, BY MOUTH AT BEDTIME, #3
Efavirenz 600 MG, BY MOUTH AT BEDTIME, #27

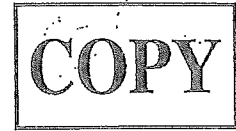
Follow-up

MINDER, DESIREE has been referred to the following clinics/specialists for follow up care:

University Health Services
University Park, PA 16801
Ph: (814)863-0774

PSU000265

IMPORTANT VISIT INFORMATION



Your x-ray, ECG or lab report has been reviewed by the Emergency Department physician. X-rays and ECG's will be read by specialists in those departments. Culture reports require 48 hours to complete. If there is a discrepancy which is clinically significant the Emergency Department will call you. If you have a concern or question you may call us after 7 PM at 814-234-6110.

Please avoid all tobacco products. If you need help to stop smoking, call Pennsylvania's FREE QUITLINE at 1-877-724-1090.

Return to the Emergency Department for any problems or schedule a follow-up appointment with your own doctor.

You have received emergency treatment only and may be released before all of your medical problems are known or treated. Follow-up treatment with your family physician or a specialist may be necessary.

Departure Forms for MINDER, DESIREE

WORK / SCHOOL INSTRUCTIONS



Emergency Dept: 814-234-6110

10/05/07

V00021658021

MINDER, DESIREE

C.ED

Mishock, Kevin,

D.O.

COPY

A Signature Page

Patient Instructions Signature Page

Patient Name: _____

Guardian Name: _____

The above-named patient and/or guardian has received the following patient instructions:

_____ on this date: _____

I have read and understand the instructions given to me by my caregivers.

Print Patient Name: _____

Patient (or Guardian) Signature/Date: _____

Caregiver/RN/Doctor Signature/Date: _____

PSU000267

DATE: 10/05/07 @ 1228		Mount Nittany Medical Center EDM *LIVET*		PAGE 1
USER: CHRILY		EDM Patient Record		
Patient MINDER, DESIREE		Account No. REDACTED		
Age/Sex 22/F		Unit No. M000443394		
—ER Caregivers—		Arrival Date 10/05/07		
Physician	Mishock, Kevin, D.O.	Time 0451		
Practitioner		Triage Date 10/05/07		
Nurse	Janet R. Cady	Time 0452		
PCP	University Health Services			
Stated Complaint SEXUAL ASSAULT				
Chief Complaint S. ASSAULT				
Priority		Severity	9	
Departure Disposition HOME, SELF-CARE		Departure Date 10/05/07		
Departure Diagnosis ALLEGED SEXUAL ASSAULT		Time 0800		
Departure Comment				
Departure Condition GOOD				
<u>Allergies</u>				
<u>Allergy or Adverse Reaction</u>		<u>Type</u>	<u>Sev</u>	<u>Date</u>
No Known Allergies (NKA)		Allergy	M	09/06/07
				Y
<u>Active Medications</u>				
Provider Mishock, Kevin, D.O.				
Medication	Location	Issued		
Efavirenz	EMERGENCY MEDICINE	10/05/07		
Sustiva 600 Mg Tab				
600 MG, #3 TAB PO HS REF 0				
Efavirenz	EMERGENCY MEDICINE	10/05/07		
Sustiva 600 Mg Tab				
600 MG, #27 TAB PO HS REF 0				
Lamivudine/Zidovudine	EMERGENCY MEDICINE	10/05/07		
Combivir 150 Mg/300 Mg Tab				
1 TAB, #6 TAB PO BID REF 0				
Lamivudine/Zidovudine	EMERGENCY MEDICINE	10/05/07		
Combivir 150 Mg/300 Mg Tab				
1 TAB, #54 TAB PO BID REF 0				
Promethazine	EMERGENCY MEDICINE	10/05/07		
Phenergan 25 Mg Tab				
25 MG, #30 TAB PO Q6HR PRN REF 0				

PSU000268

DATE: 10/05/07 @ 1228 Mount Nittany Medical Center EDM *LIVET*
 USER: CHRILY EDM Patient Record

Patient: MINDER, DESIREE
 Age/Sex: 22/F

Account No. [REDACTED]
 Unit No. M0004433

Provider: <NONE>

Reported Medication
 Etonogestrel/Ethinyl Estradiol ...
 Nuvaring 1 Ea Vagring

Location
 MED/SURG WEST

Issued

1 EA VAGRING MONTHLY REF 0

Assessments

SEXUAL ASSAULT

By Samantha Jo Eischeld on 10/05/07 at 0452

Chief Complaint

Chief Complaint: SEXUAL ASSAULT ON CAMPUS. SEE PAPER CHART.

TRTAGE ASSESSMENT

By Samantha Jo Eischeld on 10/05/07 at 0452

Temperature

Temperature (Celsius) 36.7
 Temperature Source Oral

Blood Pressure

Occurrence #1 125
 Systolic 77
 Diastolic

Pulse

Occurrence #1 112
 Pulse Rate

Respiration

Respiratory Rate 22
 O2 Sat by Pulse Oximetry 98
 Oxygen Delivery Method Room Air
 Oxygen Flow Rate
 Fraction of Inspired Oxygen
 Does Patient use Oxygen at ... No
 If Yes, How Much?

Pain Rating

Pain Rating (0-10) 4

History of Injury

Is This Work Related? No
 Is This From An MVA? No

DATE: 10/05/07 @ 1228 Mount Nittany Medical Center EDM *LIVET* PAGE 3
 USER: CHRILY EDM Patient Record

Patient MINDER, DESIREE
 Age/Sex 22/F

Account No [REDACTED]
 Unit No M000449399

Weight

Weight in Kilograms

Last Tetanus

Tetanus/Date:

UTD

Reproductive Information

Date LMP:

2 WKS

Safety

Do You Have Any Concerns Ab... No

Goal

Goal

EVAL AND TX

Triage Category

Triage Category

3

ED DISCHARGE ASSESSMENT

By Jane R. Cadz

on 10/05/07 at 0800

Outcome

Patient Outcome Note:

PT EVALUATED AND TREATED

Understand Discharge instru... Yes

Understand Prescriptions? Yes

Any Homepacks given? Yes

Medication Information Hand... Yes

Discharge Assessment

Temperature (Celsius)

Temperature Source

Pulse Rate

Pulse Position

Respiratory Rate

Blood Pressure Systolic

Blood Pressure Diastolic

Blood Pressure Position

O2 Sat by Pulse Oximetry

Oxygen Delivery Or Room Air?

Pain Rating At Discharge

4

Has IV Been Discontinued?

N/A

Discharge Information

Room Number

Transferred To

Discharge Date

10/05/07

Discharge Time

0800

Condition on Discharge

Good

Discharged With

PENN STATE POLICE DETECTIVE BROOKS

Disposition:

Home

PSU000270

DATE: 10/05/07 @ 1228		Mount Nittany Medical Center EDM *LIVET*		PAGE 4
USER: CHRILY		EDM Patient Record		
Patient: MINDER, DESIREE		Account No. [REDACTED] Unit No. M000449339		
Age/Sex: 22/F				
Patient Notes				
By: Janet R. Cady On: 10/05/07 - 0830				
PLEASE SEE SEXUAL ASSAULT DOCUMENTATION				
Orders				
Data	Time	Procedure	Ordering Provider	
10/05/07	0714	HIV	Mishock, Kevin, D.O.	
10/05/07	0718	AZITHROMYCIN TAB (ZITHROMAX TAB)	Mishock, Kevin, D.O.	
10/05/07	0718	LEVONORGESTREL (PLAN B)	Mishock, Kevin, D.O.	
10/05/07	0718	PROMETHAZINE HCL TAB (PHENERGAN TAB)	Mishock, Kevin, D.O.	
10/05/07	0720	PROMETHAZINE HCL TAB (PHENERGAN TAB)	Mishock, Kevin, D.O.	
10/05/07	0725	CEFTRIAXONE SOD (ROCEPHIN)	Mishock, Kevin, D.O.	
10/05/07	0726	EFVIRENZ (SUSTIVA)	Mishock, Kevin, D.O.	
10/05/07	0726	LAMIVUDINE/ZIDOVUDINE TAB (COMBIVIR TAB)	Mishock, Kevin, D.O.	
Lab Results				
Date	Time	Test	Result	Reference
10/05/07	0730	ZZHIV-ANTI	PENDING	NEG
Medication Administration Records				
Medication	Sch Date-Time	Admin Dose	Site	User
	Doc Date-Time	Given - Reason		
AZITHROMYCIN 250 MG TAB .STK-MED/ONE/PO	10/05/07-0712	1000 MG		Janet R. Cady
	10/05/07-0721	Y		
PROMETHAZINE HCL 25 MG TAB .STK-MED/ONE/PO	10/05/07-0712	25 MG		Janet R. Cady
	10/05/07-0721	Y		
LEVONORGESTREL 0.75 MG TAB .STK-MED/ONE/PO	10/05/07-0713	0.75 MG		Janet R. Cady
	10/05/07-0721	Y		
PROMETHAZINE HCL 25 MG TAB .STK-MED/ONE/PO	10/05/07-0716	25 MG		Janet R. Cady
	10/05/07-0829	Y		
	for home usage			
CEFTRIAXONE SOD 250 MG in SYRINGE 0 ML DAILY/IM	10/05/07-0730	0 MLS/MIN		Janet R. Cady
	10/05/07-0745	Y		
LAMIVUDINE/ZIDOVUDINE TAB 0730/PO				

PSU000271

DATE: 10/05/07 @ 1228 USER: CHRILY		Mount Nittany Medical Center EDM *LIVET* EDM Patient Record		PAGE 5
Patient MINDER, DESIREE Age/Sex 22/F		Account No. [REDACTED] Unit No. M000449359		
		10/05/07-0730 1 TAB 10/05/07-0745 Y	Janet R. Cady	
EFAVIRENZ (SUSTIVA) 200 MG CAP .0730/PO		10/05/07-0730 600. MG 10/05/07-0745 Y	Janet R. Cady	
Patient Instructions				
A Signature Page				
Additional Instructions				
<p>Follow-up with University Health Services this Monday for further evaluation and care.</p> <p>Take Combivir twice a day as prescribed and Sustiva 600 mg before bed time as prescribed. You had been given a prescription for the first 3 days of the medication. You also been given a second prescription for the remainder of the days and the medication should be used for a total of 30 days. You have also been prescribed Phenergan for nausea. These medications can cause yet to fill very ill. You must weigh the possible risks of HIV versus the side effects of the medication and the side whether or not you wishe to continue them if the side effects are severe.</p> <p>Phenergan for nausea, this may cause drowsiness therefore no driving within 4 to 6 hours of use.</p>				
Referrals				
<p>MINDER, DESIREE has been referred to the below for follow up care:</p> <p>University Health Services University Park, PA 16801 Ph: (814)863-0774 Fax: (814)865-6982</p>				
Departure Forms				
<p>WORK / SCHOOL INSTRUCTIONS</p> <p>HOME CARE DOCUMENTATION FORM</p> <p>IMPORTANT VISIT INFORMATION</p>				

PSU000272